

2009 INCOME TAX ORGANIZER

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NEW CLIENTS: Bring or fax a copy of Prior Year Tax Returns.

General Information

Your Name: _____ Spouse's Name: _____
SS# _____ SS# _____

Address: _____ Dependents that live with you:
Name: _____
SS# _____
DOB: _____

Phone Numbers:
Home: _____ Name: _____
Cell: _____ SS# _____
Work: _____ DOB: _____

INCOME

Wages (W-2's):

Pensions, IRA Distributions:

Interest Income:

Dividend Income:

Stock Sales:

<u>Date</u> <u>Acquired</u>	<u>Date</u> <u>Sold</u>	<u>Original</u> <u>Cost</u>	<u>Sales</u> <u>Price</u>

BUSINESS INCOME

Self-Employed (Schedule C) yes _____ no _____

Name of Business _____

Income: \$ _____

Expenses:

Accounting _____

Advertising _____

Answering service _____

Bank charges _____

Commissions _____

Cost of labor _____

Delivery & freight _____

Materials & supplies _____
Dues & subscriptions _____
Employee benefit programs _____
Insurance (not health) _____
Mortgage interest (paid to banks) _____
Other interest _____
Janitorial _____
Laundry & cleaning _____
Legal & professional _____
Miscellaneous _____
Office expense _____
Outside services _____
Parking & tolls _____
Pension & profit sharing plans _____
Postage _____
Printing _____
Rent – vehicles, machinery & equipment _____
Rent – other business property _____
Repairs _____
Security _____
Supplies _____
Taxes – real estate _____
Taxes – payroll _____
Taxes – other _____
Telephone _____
Tools _____
Travel _____
Total meals & entertainment in full (50%) _____
Department of Transportation meals in full (65%) _____
Uniforms _____
Utilities _____
Wages _____
Other expenses:

RENTAL PROPERTY

Location/Description:

Rental Income: \$ _____

Expenses:

Advertising _____
Association dues _____
Auto & travel _____
Cleaning & maintenance _____
Commissions _____
Gardening _____
Insurance _____
Legal & professional fees _____
Licenses & permits _____
Management fees _____
Miscellaneous _____
Mortgage interest _____
Other interest _____
Painting & decorating _____
Pest control _____
Plumbing & electrical _____
Repairs _____
Supplies _____
Taxes – real estate _____
Taxes – other _____
Telephone _____
Utilities _____
Wages & salaries _____
Other _____

ITEMIZED DEDUCTIONS

Interest and Taxes:

Home Mortgage Interest: \$ _____

Home Equity Loan: \$ _____

Home Property Tax: \$ _____

Charity Contributions:

Medical Expenses > 7.5% of your income:

Casualty Losses :

OTHER DEDUCTIONS

Other:

Self-employment Health Insurance:

Daycare Expenses?

IRA Contributions?

AUTO EXPENSES

Auto Expenses:

Total Miles: _____

Business Miles: _____

Did you buy a vehicle this year? yes _____ no _____

Provide description, cost and date acquired:

Contact Info:

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Baton Rouge: (225) 292-7434
2915 S. Sherwood Forest Blvd. Suite B
Baton Rouge, La 70816

Directions:
S. Sherwood Forest Blvd.
1/2 mile from I-12
Next to Citizens Bank

Mandeville: (985) 674-9092
The Village Executive Center
2895 Hwy 190 E.
Suite 230
Mandeville, La 70471

Directions:
Highway 190 east to Meadowbrook Drive
In the Pelican Village Shopping Center (above Martin's Wine Cellar, next to N'Tini's)